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STATE HOSPITAL SERVICES

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OVERVIEW**Correlation with CONREP**

Even though the state hospitals are not a direct part of the Forensic Conditional Release Program, they play an integral role in the treatment of the judicially committed patient and Mentally Disordered Offender (MDO).

In most cases, patients are initially committed to a state hospital for inpatient treatment, and only later committed to community outpatient treatment.

Hospital Forensic Coordinator

Each state hospital designates a Hospital Forensic Coordinator who is responsible for coordinating services to this population. This coordinator also serves as a liaison with the Office of Forensic Services and local CONREP programs.

Hospital Costs

With the exception of misdemeanants found Incompetent to Stand Trial (PC 1370.01), all state hospital inpatient service costs for judicially committed patients or MDOs are funded by the State. These services are provided through the state hospital General Fund allocation. Therefore, there is no cost to counties for services to these patients.

Types of Admission

State hospitals may be utilized for inpatient services for patients through three types of admission for treatment. The admission types include Initial Admission, Temporary Admission and MDO Rehospitalization. These are described in detail later in this section.

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CONREP HOSPITAL LIAISON FUNCTIONS

Definition of Terms

Lead Program

The Lead Program is the CONREP program responsible for providing liaison services to judicially committed and MDO state hospital patients. The Lead Program is either the Program of Commitment or has accepted that responsibility from another CONREP program. (See **Transfer of Responsibility** below.)

Program of Commitment

The Program of Commitment is the CONREP program responsible for the county from which a judicially committed or MDO patient was committed.

Crimes Committed in Institutions

Patients who commit a crime while in a state hospital or Department of Correction institution are the responsibility of the CONREP program of the county which established the initial commitment to the hospital or institution where that crime was committed.

Liaison Services

Upon referral, the Lead Program shall provide all relevant information about the patient's known community treatment history to the state hospital. During the course of inpatient treatment, the liaison services that must be provided include regular visits, liaison reports and contacts with staff. These are necessary to coordinate treatment and planning for community placement.

Hospital Liaison File

The Lead program shall maintain a hospital liaison file on each state hospital patient for which the program is responsible. This patient file shall include information obtained through ongoing visits to patients, contacts with staff, reports received from the state hospitals and CONREP Liaison Reports (MH 7022, MH 7023 & MH 7026).

Each file should include the following:

- * Patient name (as provided by the court);
- * Date of birth;

CONREP HOSPITAL LIAISON FUNCTIONS**Hospital Liaison File (cont.)**

- * Legal status;
- * Program case number;
- * CI&I number;
- * Pre-placement evaluation;
- * CONREP Hospital Liaison Reports (MH 7022, MH 7023 & MH 7026;
- * Hospital reports; and
- * Other relevant information.

Alternative Community Placements

The Lead Program shall develop alternative placements for patients who are ready for community placement, but are not appropriate for placement in their county or region due to residency, treatment availability or other issues. The Lead Program may seek alternative placements at regional meetings, through direct communication with other programs, or through their CONREP Operations Liaison.

Transfer of Responsibility**Current Lead Program**

The current Lead Program maintains liaison services and fulfills those functions until responsibility is accepted by another program. The lead responsibility ends only upon written acceptance by the receiving program, which then notifies CONREP Operations Manager by fax of acceptance.

Referral Process

The Lead Program may forward a referral packet to other programs, but must keep the referral source informed regularly of the status of the referral. Referrals for transfer of responsibility should be responded to in a timely manner. The written response should document acceptance or reasons for denial.

Resolution of Dispute

Any dispute about determining the Lead Program should be referred to CONREP Operations liaison staff for resolution. Until such resolution is reached, the current Lead Program retains responsibility.

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CONREP LIAISON PATIENT VISITS

Requirement

State hospital patients must be visited and reviewed by the CONREP Lead Program as specified below. The visit shall consist of an on-site visit to the hospital to review the medical record and treatment plan, a consultation with members of the treatment team and a person-to-person contact with the patient. Exempt from this policy are all patients committed as Incompetent to Stand Trial (PC 1370) and any patient who was found to be Not Guilty by Reason of Insanity (PC 1026) of a crime while serving a life sentence in prison.

Purposes

The purposes of the visit are to:

- * Review the patient's treatment progress;
- * Identify the factors that preclude the patient from being on outpatient status; and
- * Provide feedback to the hospital staff regarding the visit, including any significant patient interactions.

Tasks

Typical visits should accomplish the following tasks:

- * Interview and assess the patient;
- * Develop Terms & Conditions of Outpatient Treatment with the patient; and
- * Assist hospital staff in the development and/or modification of patient treatment plan including focused treatment goals and objectives.

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CONREP LIAISON PATIENT VISITS**Frequency of Reviews****NGI and MDSO Patients**

These patients are to be visited by CONREP program staff at least every six months to evaluate treatment progress toward placement.

MDO Patients

These patients must be seen on or shortly before:

- * The 45th day of MDO inpatient status;
- * 30 days before the annual Parole Discharge Review Date (DRD); and
- * Every 180 days thereafter.

SOCN Patients

These patients must be seen on or shortly before:

- * The 270th day after the WIC 6604 commitment date. (Note: Any pre-commitment inpatient time is not counted as commitment time); and
- * Beginning with entry into Relapse Prevention Phase II and every 180 days thereafter.

Preparation

Preparation for each visit should include a review of the patient's file. A phone contact should be made with the Hospital Forensic Coordinator or designee to get a description of the patient's current situation and behavior, and to set a date and agenda for the visit.

Attendance at Hospital Team Staffing

Ideally, and when indicated, the CONREP staff person should plan to attend and/or participate in a team staffing of patients to be visited. This attendance usually needs to be arranged in advance. These specialized staffings provide excellent opportunities for both the hospital and CONREP staff to be updated on the focus of treatment and to discuss any pertinent issues. In many cases, however, the visit is routine and dependent on the hospital situation such as staff, medical record and/or patient availability.

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CONREP LIAISON PATIENT VISITS

Visit Guidelines

The following guidelines are meant to assist in conducting the visit. Recognizing the availability of the patient, the staff, and the patient's medical record may vary, many of these activities may not be feasible on each visit. It is recommended, however, that the worker use the available resources to assess the patient in as many of the following areas as possible.

Pre-Interview

Review the medical record (if available) and consult with hospital treatment team member (if available) to consider the following issues:

*** Patient's recent behavior (since last review):**

1. Special Incident Reports (SIR) or seclusion/restraint orders;
2. Assaultive behavior;
3. Mental status (e.g. orientation, hallucinations, delusions, intrusive thoughts); and
4. Sexual issues/acting out behavior.

*** Medications:**

1. Prescribed medication;
2. Compliance;
3. Behavioral response; and
4. Side effects.

*** Patient Progress:**

1. Hospital COT readiness assessments;
2. Treatment goals;
3. Staff's synopsis of progress (sustained, intermittent, recent);
4. Relapse prevention issues; and
5. Privilege level within hospital.

CONREP LIAISON PATIENT VISITS**Visit Guidelines (cont.)****Pre-Interview (cont.)***** Social Network:**

1. Groups or activities with which patient is involved; and
2. Friends within the hospital.

*** Family:**

1. Frequency and recency of visits;
2. Patient's response to visits; and
3. Family's readiness for patient's release.

Patient Interview

Depending on the patient's availability and stability for an interview, assess as many of the following areas as possible in terms of the patient's own response/view:

*** Behavior:**

1. Recognition of mental illness;
2. Sexual concerns (if any);
3. Assaultive behavior;
4. Anger management;
5. Last special incident or seclusion/restraint; and
6. Attitude.

*** Medication:**

1. Prescribed medications;
2. Compliance;
3. Effect on behavior; and
4. Side effects.

*** Progress:**

1. Progress in hospital; and
2. Understanding of his/her privilege level within hospital.

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CONREP LIAISON PATIENT VISITS

Visit Guidelines (cont.)

Patient Interview (cont.)

- * Social Network:
 - 1. Group or activities within hospital; and
 - 2. Friends within hospital.
- * Family;
 - 1. Last visit, date and description;
 - 2. Frequency of visits;
 - 3. Letters, phone calls, etc.; and
 - 4. Family's readiness for patient's release.
- * Problems:
 - 1. Problem areas and strengths;
 - 2. Relationship with primary therapist;
 - 3. To whom does patient go for help with a problem; and
 - 4. Relapse prevention issues.
- * Offense:
 - 1. Understanding of offense;
 - 2. Sense of "guilt" or remorse;
 - 3. Thoughts/feelings about victims; and
 - 4. Presence of warning signs.
- * Goals:
 - 1. Short term, long term treatment goals;
 - 2. Educational/vocational; and
 - 3. Proposed living situation.
- * Substance Abuse:
 - 1. Understanding of extent of problems;
 - 2. Presence of warning signs; and
 - 3. Alternatives.
- * Motivation to leave hospital.

CONREP LIAISON PATIENT VISITS**Visit Guidelines (cont.)****Patient Response**

As part of the interview, the CONREP staff person should describe the CONREP program in general and as it specifically relates to the patient. In order to determine the patient's level of acceptance and understanding, ask the patient to explain:

- * CONREP program, including the role and responsibility of key staff members;
- * Patient's responsibility in treatment;
- * Goals of treatment for patient before next visit; and
- * Expectations CONREP program has for patient.

General Assessment

During the interview, the CONREP staff should also assess the patient in terms of these general factors:

- * Cooperation and general attitude with interviewer during interview;
- * Major signs of psychosis: disorientation, delusions, hallucinations, intrusive thoughts;
- * Personal hygiene and grooming; and
- * Realistic planning.

Exit Consultation

At the completion of the interview, the CONREP staff should provide feedback to available hospital staff regarding any significant patient interactions that occurred during the visit.

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CONREP LIAISON PATIENT VISITS**CONREP Hospital Liaison Reports
[MH 7022, MH 7023 and MH 7026]**

It is essential to consistently review the patient's progress relative to specific treatment goals identified by CONREP staff. Any additions to or deletions of goals require written explanations. The appropriate CONREP liaison reports should be utilized by completing form **MH 7022, CONREP Hospital Liaison Report: Initial Patient Visit, MH 7023, CONREP Hospital Liaison Report: Follow-up Patient Visit, or MH 7026, CONREP Hospital Liaison Report: Mentally Disordered Offender.**

A written report utilizing the above forms must be completed following the schedule as noted in **Frequency of Review** found in this Section and sent to the hospital staff within 45 days of the visit.

Copies of report forms shall be placed in the hospital liaison file. (See **Hospital Liaison File** in this Section.)

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INITIAL ADMISSION**Description**

The initial state hospital admission follows the court commitment of a judicially committed person or transfer of a Mentally Disordered Offender or Sex Offender Commitment Program patient to DMH inpatient status and/or responsibility.

For judicially committed patients, CONREP programs will conduct a court ordered Pre-Commitment Placement Recommendation Report prior to state hospital admission. (See individual **TARGET POPULATION** sections for specific details.) CONREP programs are not required to make state hospital placement recommendations on MDO or SOCP commitments. The directions contained in this section reflect state hospital policies contained in State Hospital Special Order No: 319.02 (9/98) and are to be utilized in making dispositional recommendations regarding state hospital placement.

Hospital Placement Recommendations**High Security State Hospitals**

Atascadero and Patton State Hospitals are designated as the most secure facilities and may treat patients at any security level.

Patton State Hospital

The following judicially committed patients shall be initially referred to Patton State Hospital:

- * Adult males from Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties; and
- * All female patients, including MDOs referred by CDC and SOCP patients.

Male MDO patients may be moved from Atascadero to Patton State Hospital when clinically indicated.

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STATE HOSPITAL SERVICES

INITIAL ADMISSION

Hospital Placement Recommendations (cont.)

Atascadero State Hospital

Judicially committed adult male patients from all counties not indicated above shall be referred to Atascadero State Hospital. All male MDO and SOCP patients are also referred to Atascadero from CDC.

Low and Medium Security Hospitals

Metropolitan and Napa State Hospitals are the low and medium security risk facilities. Only patients rated as a low or medium security risk may be admitted or transferred to these hospitals. These cases should be referred via the Hospital Forensic Coordinator.

Male and female MDO patients may be moved to Metropolitan and Napa State Hospitals when clinically indicated and when security risk requirements are met. The State Hospital Security Risk Assessment instrument will be used to determine the level of security risk for placements into these hospitals.

Return of ISTs as NGIs

Persons returned to court as restored to trial competency by programs in low security state hospitals may be considered for readmission to the hospital on a subsequent NGI commitment for the same crime. Before making any Pre-Commitment Placement Recommendation to the court, consult with the Hospital Forensic Coordinator of the low and medium security hospital.

Minors

No minor (under age 18) committed pursuant to PC 1026 (Not Guilty by Reason of Insanity), PC 1370 (Incompetent to Stand Trial) or WIC 702.3 (Minors Adjudicated Not Guilty by Reason of Insanity) shall be referred to Atascadero, Napa or Patton State Hospital. Minors shall be referred to Metropolitan State Hospital only.

INITIAL ADMISSION**MDO Procedures**

Admission Notification

Within 72 hours of admission/transfer to PC 2962 status, the state hospital shall notify the CONREP program of the responsible county that the patient is in residence. Within 15 days of receipt of any CDC clinical material, the state hospital will send a copy of it to the CONREP Community Program.

Community Treatment Data

Within 30 days of receipt of admission notification, the CONREP program shall send to the state hospital all relevant clinical information available on the patient's prior treatment history or a statement that there is no information available.

Initial Review for PC 2962 Placement Hearing

Within 45 days of a PC 2962 patient's admission, the CONREP program shall interview and assess the patient and prepare a report using form **MH 7026: CONREP State Hospital Liaison Report: Mentally Disordered Offender**. The report must be submitted in writing to the hospital through the Hospital Forensic Coordinator within 60 days of admission.

For MDO patients, the report contents should address:

- * Whether the patient can be safely and effectively treated on an outpatient basis; and
- * The recommendations for or the barriers to community outpatient treatment.

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STATE HOSPITAL SERVICES

INITIAL ADMISSION

MDO Procedures (cont.)

Identification of Probable Parole Location

Within 60 days of admission, the state hospital staff shall identify the probable parole location in consultation with the CDC Hospital Liaison Parole Agent and CONREP community treatment staff. The CONREP program staff shall assist the hospital in the identification of the county of probable parole pursuant to PC 3003.

For purposes of determining county of parole, a crime committed during incarceration or state hospitalization does not change the county of responsibility. The county from which the inmate or patient was originally committed retains responsibility.

Change of Location

In cases where placement is inappropriate or not possible in the committing county, the committing program shall contact their CONREP Operations liaison for assistance in identifying another county in or out of their region to be designated the probable county of parole.

CDC Approval of Location Change

Responsibility shall be retained by the committing county until an alternate county of probable parole has been identified and the receiving CONREP program formally accepts the case. Any change in the probable county of parole must be approved by the CDC Hospital Liaison Parole Agent.

Hospital Quarterly Reports

State hospital staff will forward a copy of quarterly treatment planning reports to the Community Program Director of the responsible county, to the Community Program Director of the county of probable parole (once such location is fixed), and to the CDC Hospital Liaison Parole Agent.

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TEMPORARY ADMISSION FOR JUDICIALLY COMMITTED**Description**

Temporary admissions occur after a judicially committed patient has been placed on outpatient status in the community and subsequently requires inpatient treatment in a secure setting. Temporary admissions can be divided into three types: 1) those considered to be emergency cases; 2) SOCP patients and 3) non-emergency cases.

By definition, temporary admission should be for “limited term” treatment for periods not to exceed three (3) weeks. The duration of limited term treatment shall be determined by the time elapsed between court hearing dates. If a case is continued for more than three (3) weeks, a civilly committed MDO patient (PC 2972) will be transferred to Atascadero State Hospital (males) or Patton State Hospital (females).

Emergency Cases**Definition**

An emergency is defined as any situation in which the Community Program Director deems the patient to be a danger to self or others or unable to provide for or accept his or her basic needs while on outpatient status.

Low and Medium Security Needs

Any patient referred from a CONREP local provider to Metropolitan or Napa State Hospitals in an emergency situation shall be admitted immediately pending an evaluation.

If the Medical Director or designee subsequently determines that the patient exceeds the hospital's security limitations, the hospital shall arrange for the patient's immediate transfer to either Atascadero or Patton State Hospital.

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STATE HOSPITAL SERVICES

TEMPORARY ADMISSION FOR JUDICIALLY COMMITTED

Emergency Cases (cont.)

High Security Needs

Patients who exceed the admission criteria for the low and medium security programs are to be immediately referred to Atascadero or Patton State Hospital.

CONREP programs in Northern California may refer a patient who exceeds the low and medium security criteria to Napa State Hospital only in an emergency situation when the local program does not have the capability to transport the patient to either Atascadero or Patton State Hospital.

Non-emergency Cases

In non-emergency cases, patients who are suitable for low and medium security programs and are in need of inpatient treatment, shall be admitted within 72 hours of referral. Upon referral to the hospital, the local CONREP designee will be given an admission date within this time frame.

Sex Offender Commitment Program Patients

Pursuant to WIC 6604, no SOCP patient may be placed at Metropolitan or Napa State Hospitals. As a result, any SOCP patient requiring temporary admission from outpatient status shall be referred directly to Atascadero (males) or Patton (females) State Hospitals.

Timing of Admission

CONREP programs should coordinate hospital arrival to admission suite hours. Emergency or late admissions should be discussed with the Hospital Forensic Coordinator prior to the admission.

Civilly Committed MDOs [PC 2972]

Civilly committed MDO (PC 2972) patients can be admitted to the following state hospitals while awaiting a court hearing to revoke their outpatient status:

- * Atascadero State Hospital (males);
- * Napa & Patton State Hospitals (males and females).

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MDO PAROLEE REHOSPITALIZATION**Description**

The third type of admission occurs when a Mentally Disordered Offender (MDO) parolee, placed on outpatient status, can no longer be safely or effectively treated on an outpatient basis. The treating CONREP program may rehospitalize a patient in a secure treatment facility pending a DMH Rehospitalization Hearing.

Notification

When a parolee/patient has been admitted to an inpatient facility, the CONREP program shall immediately notify the DMH Head-quarters Hearing Officer and the CDC parole agent.

72 Hour Local Limit

Within seventy-two (72) hours of placement into a secure treatment facility, the CONREP Community Program Director shall decide whether the parolee/patient will need treatment beyond 72 hours. If so, the parolee/ patient shall be transferred to a designated state hospital which shall proceed with admission pending a security evaluation.

Additional Information

There are specific statutory requirements and procedures which must be met in order to rehospitalize an MDO currently on outpatient status. For a more in-depth discussion on this subject, including clarification of responsibilities, please refer to **Rehospitalization: Mentally Disordered Offender** in manual section **1410: SEPARATION PROCESS**.

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INTERHOSPITAL TRANSFERS

Assessment for Community Re-entry

With the exception of WIC 6604 patients, and subject to a security risk assessment, patients at Atascadero or Patton State Hospitals may be transferred to either Metropolitan or Napa State Hospital (whichever is nearer their home community) to assess their readiness for community outpatient treatment.

WIC 7728 requires that PC 1026 or PC 1370 patients who are not determined to be a high security risk be treated as near to the patient's community as possible, if an appropriate treatment program is available.

Referral for Transfer

It is the responsibility of the hospital staff at Atascadero or Patton State Hospital to generate such referrals to the low or medium security hospitals for community reentry. The CONREP Community Program Director may also request that such transfer referrals be made.

Transfer Disputes

If a dispute arises regarding a CONREP request to transfer a patient from a high security state hospital to a low or medium security state hospital, the Community Program Director will attempt to formally resolve the disagreement with the Hospital Forensic Coordinator or Medical Director of the hospital.

Appeal Process

If the dispute cannot be resolved at this level, then the Community Program Director may appeal the matter in writing to the Manager of CONREP Operations.

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INTERHOSPITAL TRANSFERS**Appeal Process (cont.)**

The appeal should include:

- * A brief case history including the patient's age, sex, commitment, offense, length of hospitalization and rationale behind the transfer;
- * Documentation of referring hospital's transfer recommendation; and
- * Documentation of receiving hospital's rejection of transfer.

Within one week of its receipt, the Manager of CONREP Operations shall evaluate the appeal request and attempt to resolve the dispute.

If the Manager of CONREP Operations endorses the appeal, a written statement will be prepared and forwarded to the DMH Headquarters Monitor for mediation. If the appeal is not endorsed, the decision of the hospital will stand. The DMH Headquarters Monitor will notify the Manager of CONREP Operations of the outcome of the appeal.